

Foster Family Home - Corrective Action Report

Provider ID: 1-090124

Home Name: Marites Fiesta, CNA

Review ID: 1-090124-10

94-1260 A Peke Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/24/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification Corrective action plan due to CTA within 30 days

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(6) Include recreation and social activities, which shall:

Comment:

43c6b: Home policy limits the clients use of internet / cell phone / IPAD

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner including the dining table which is required for clients in CCFFH

49.(d) There are 2 CCFFH on this single family lot. CTA will require proof that it is zones as multi family

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 9a-12p and 1p to 5p. Per "My choice my way" visiting hours cannot be restricted

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6) no daily documentation done for client 1, 2 or 3 for September

54.(c)(5)

Multiple medication errors for client # 1 requiring adverse event to CMA

██████████ MAR has ██████████ daily, prescription says ██████████ daily, PCG states she has been giving ██████████ daily

There is ██████████ on MAR but no metformin prescription bottle or DC order. It has not given since may, according to signed MAR

██████████ ha ordered daily not given since 9/08/2020

██████████ ordered 1 tablet at bedtime not given since July

██████████ on MAR is for ██████████ pill bottle for ██████████

██████████ not signed as given since aug 31 2020

flow sheet for July or Aug. for ██████████ documentation has not been done even though sliding scale ██████████ ordered 2 x day

Client # 2

MAR lists ██████████ times per day

Has ██████████ bottle signed as given ██████████ per day ordered ██████████ given ██████████

No ██████████ pill bottle present but MAR is signed as given today

boost ordered daily not signed as given

Client # 3

██████████ ordered with hold parameters. It is signed as given daily with no BP records to prove if hold parameters were met or not

Deborah K. Ryan RN
Compliance Manager

✓ Michelle D. Felt
Primary Care Giver

9/29/2020
Date

09/29/20
Date

CTA RN Compliance Manager: Jackie Chamberlain

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marites M. Fiesta

(PLEASE PRINT)

CCFFH Address: 94-1260A Peke Place, Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43.(c) (6)(b)	Home policy is revised with the use of internet/cellphone/iPad to clients for recreational and social activities	9/30/20	Home will review home policy often to comply with "My choice, my way" policy.
49.(c) (3)	Indoor and outdoor living spaces were cleaned up, dining table was cleared, clutters was place in the designated storage.	9/30/20	Home will place household items in a storage/designated area.
49.(d)	Home #2 has permits and in the process of acquiring zoning permit.	9/30/20	Home #2 has an option of relocation in case the proof fails through.
53.(b) (15)	Visiting hours in the home policy was revised to anytime 24/7.	9/30/20	Home will review home policy and client's need to comply with "My choice, my way" policy.
54.(c) (6)	Daily documentation was placed in client's binder.	10/1/20	Daily documentation will done in timely manner for all ADL in client's binder

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Marites M. Fiesta*

Date: 10/22/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

CCFFH Address:

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (5)	Adverse event report was sent to CMA, contacted PCP, and Pharmacy for medication orders and refill.	9/30/20	PCG will secure written from PCP right after tele health visit.

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PCG's Signature:

Date:

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